

MULTIPLE DEPEN.
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.
10/595486

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
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TOTAL IND.	2	↓		↓		↓	
TOTAL DEP.	6	↔		↔		↔	
TOTAL CLAIMS	8	↓	↓	↓	↓	↓	↓

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.			↓		↓		
TOTAL DEP.			↔		↔		
TOTAL CLAIMS			↓	↓	↓	↓	↓